

**WELSH & KATZ, LTD.***Attorneys at Law*120 SOUTH RIVERSIDE PLAZA, 22<sup>ND</sup> FLOOR  
CHICAGO, ILLINOIS 60606

TELEPHONE (312) 655-1500

FACSIMILE (312) 655-1501

**FACSIMILE COVER SHEET**

January 15, 2008

**RECEIVED**

15 JAN 2008

Legal Staff  
International Division**TO:**  
Derek A. Putonen  
Attorney Advisor  
Office of PCT Legal Administration**FROM**  
Daniel M. Gurfinkel**NO. PAGES, INCLUDING THIS PAGE**

8

**PHONE NUMBER****OUR REF.**

90959US

**FAX NUMBER**

571 273-0459

**YOUR REF.**U.S. Patent No. 10/529,677 based on  
PCT/US03/36256**COMMENTS:** Re: Regarding Renewed Petition under 37 CFR 1.497(d)

Dear Mr. Putonen:

Thank you very much for your time during our telephone conference of today. As we discussed enclosed is our copy of the PCT Request for the priority PCT application in this matter. As you will see on sheet 2 of the Request the inventor in question, Ching Shun-Yang, has been listed as an Applicant and Inventor. I believe that this shows that this inventor has always been part of this application and that the PCT made an error in the publication document, which did not list this inventor. I would appreciate your reviewing this and letting me know if this is sufficient to cause this application to be allowed to continue in the USPTO without further petition. Please let me know if you need further information.

Thank you again for your time in this matter.

Very truly yours



Daniel M. Gurfinkel

cc: Walter J. Kawula

IF YOU DO NOT RECEIVE ALL PAGES OR ARE HAVING TROUBLE,  
PLEASE CALL IMMEDIATELY (312) 655-1500 AND ASK FOR Gloria O'Bannon.

\*\*\*\*\* **CONFIDENTIALITY NOTICE** \*\*\*\*\*

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**PCT****REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 7836-90959-PCT

**Box No. I TITLE OF INVENTION**  
Improvements Relating to Dipole Antennas and Coaxial to Microstrip Transitions

**Box No. II APPLICANT** ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Andrew Corporation  
10500 West 153rd Street  
Orland Park, IL 60462  
US

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Bisiules, Peter John  
1427 Blanchan  
LaGrange Park, IL 60526  
US

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☐ agent☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Cohen, Eric D.  
Welsh & Katz, Ltd.  
120 South Riverside Plaza  
22nd Floor  
Chicago, IL 60606  
US

Telephone No.  
312/655-1500

Facsimile No.  
312/655-1501

Teleprinter No.

Agent's registration No. with the Office  
38,110

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)***If none of the following sub-boxes is used, this sheet should not to be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Coult, John H.  
1129 West Wellington, Suite 100  
Chicago, IL 60657  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Shun-Yang, Ching  
5 S 270 Glenoban Drive  
Naperville, IL 60543  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

de la Cruz Gavilan, Joselito  
1532 Parkside Drive  
Bolingbrook, IL 60490  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Yi Deng, Gang  
9941 Shady Lane - Apt. 3B  
Orland Park, IL 60462  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
PRC

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Sheet No. . . . 3 . . .

**Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)***If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Wilson, John Stewart  
19 W 520 Central Avenue  
Downers Grove, IL 60516  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

## Box No.V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of
- ☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> <b>AE</b> United Arab Emirates                   | <input checked="" type="checkbox"/> <b>HR</b> Croatia                                   | <input checked="" type="checkbox"/> <b>OM</b> Oman                             |
| <input checked="" type="checkbox"/> <b>AG</b> Antigua and Barbuda                    | <input checked="" type="checkbox"/> <b>HU</b> Hungary                                   | <input checked="" type="checkbox"/> <b>PG</b> Papua New Guinea                 |
| <input checked="" type="checkbox"/> <b>AL</b> Albania                                | <input checked="" type="checkbox"/> <b>ID</b> Indonesia                                 | <input checked="" type="checkbox"/> <b>PH</b> Philippines                      |
| <input checked="" type="checkbox"/> <b>AM</b> Armenia                                | <input checked="" type="checkbox"/> <b>IL</b> Israel                                    | <input checked="" type="checkbox"/> <b>PL</b> Poland                           |
| <input checked="" type="checkbox"/> <b>AT</b> Austria                                | <input checked="" type="checkbox"/> <b>IN</b> India                                     | <input checked="" type="checkbox"/> <b>PT</b> Portugal                         |
| <input checked="" type="checkbox"/> <b>AU</b> Australia                              | <input checked="" type="checkbox"/> <b>IS</b> Iceland                                   | <input checked="" type="checkbox"/> <b>RO</b> Romania                          |
| <input checked="" type="checkbox"/> <b>AZ</b> Azerbaijan                             | <input checked="" type="checkbox"/> <b>JP</b> Japan                                     | <input checked="" type="checkbox"/> <b>RU</b> Russian Federation               |
| <input checked="" type="checkbox"/> <b>BA</b> Bosnia and Herzegovina                 | <input checked="" type="checkbox"/> <b>KE</b> Kenya                                     |  |
| <input checked="" type="checkbox"/> <b>BB</b> Barbados                               | <input checked="" type="checkbox"/> <b>KG</b> Kyrgyzstan                                | <input checked="" type="checkbox"/> <b>SC</b> Seychelles                       |
| <input checked="" type="checkbox"/> <b>BG</b> Bulgaria                               | <input checked="" type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> <b>SD</b> Sudan                            |
| <input checked="" type="checkbox"/> <b>BR</b> Brazil                                 | <input checked="" type="checkbox"/> <b>KR</b> Republic of Korea                         | <input checked="" type="checkbox"/> <b>SE</b> Sweden                           |
| <input checked="" type="checkbox"/> <b>BY</b> Belarus                                | <input checked="" type="checkbox"/> <b>KZ</b> Kazakhstan                                | <input checked="" type="checkbox"/> <b>SG</b> Singapore                        |
| <input checked="" type="checkbox"/> <b>BZ</b> Belize                                 | <input checked="" type="checkbox"/> <b>LC</b> Saint Lucia                               | <input checked="" type="checkbox"/> <b>SK</b> Slovakia                         |
| <input checked="" type="checkbox"/> <b>CA</b> Canada                                 | <input checked="" type="checkbox"/> <b>LK</b> Sri Lanka                                 | <input checked="" type="checkbox"/> <b>SL</b> Sierra Leone                     |
| <input checked="" type="checkbox"/> <b>CH &amp; LI</b> Switzerland and Liechtenstein | <input checked="" type="checkbox"/> <b>LR</b> Liberia                                   | <input checked="" type="checkbox"/> <b>SY</b> Syrian Arab Republic             |
| <input checked="" type="checkbox"/> <b>CN</b> China                                  | <input checked="" type="checkbox"/> <b>LS</b> Lesotho                                   | <input checked="" type="checkbox"/> <b>TJ</b> Tajikistan                       |
| <input checked="" type="checkbox"/> <b>CO</b> Colombia                               | <input checked="" type="checkbox"/> <b>LT</b> Lithuania                                 | <input checked="" type="checkbox"/> <b>TM</b> Turkmenistan                     |
| <input checked="" type="checkbox"/> <b>CR</b> Costa Rica                             | <input checked="" type="checkbox"/> <b>LU</b> Luxembourg                                | <input checked="" type="checkbox"/> <b>TN</b> Tunisia                          |
| <input checked="" type="checkbox"/> <b>CU</b> Cuba                                   | <input checked="" type="checkbox"/> <b>LV</b> Latvia                                    | <input checked="" type="checkbox"/> <b>TR</b> Turkey                           |
| <input checked="" type="checkbox"/> <b>CZ</b> Czech Republic                         | <input checked="" type="checkbox"/> <b>MA</b> Morocco                                   | <input checked="" type="checkbox"/> <b>TT</b> Trinidad and Tobago              |
| <input checked="" type="checkbox"/> <b>DE</b> Germany                                | <input checked="" type="checkbox"/> <b>MD</b> Republic of Moldova                       | <input checked="" type="checkbox"/> <b>TZ</b> United Republic of Tanzania      |
| <input checked="" type="checkbox"/> <b>DK</b> Denmark                                | <input checked="" type="checkbox"/> <b>MG</b> Madagascar                                | <input checked="" type="checkbox"/> <b>UA</b> Ukraine                          |
| <input checked="" type="checkbox"/> <b>DM</b> Dominica                               | <input checked="" type="checkbox"/> <b>MK</b> The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> <b>UG</b> Uganda                           |
| <input checked="" type="checkbox"/> <b>DZ</b> Algeria                                | <input checked="" type="checkbox"/> <b>MN</b> Mongolia                                  | <input checked="" type="checkbox"/> <b>US</b> United States of America         |
| <input checked="" type="checkbox"/> <b>EC</b> Ecuador                                | <input checked="" type="checkbox"/> <b>MW</b> Malawi                                    | <input checked="" type="checkbox"/> <b>UZ</b> Uzbekistan                       |
| <input checked="" type="checkbox"/> <b>EE</b> Estonia                                | <input checked="" type="checkbox"/> <b>MX</b> Mexico                                    | <input checked="" type="checkbox"/> <b>VC</b> Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> <b>ES</b> Spain                                  | <input checked="" type="checkbox"/> <b>MZ</b> Mozambique                                | <input checked="" type="checkbox"/> <b>VN</b> Viet Nam                         |
| <input checked="" type="checkbox"/> <b>FI</b> Finland                                | <input checked="" type="checkbox"/> <b>NI</b> Nicaragua                                 | <input checked="" type="checkbox"/> <b>YU</b> Serbia and Montenegro            |
| <input checked="" type="checkbox"/> <b>GB</b> United Kingdom                         | <input checked="" type="checkbox"/> <b>NO</b> Norway                                    | <input checked="" type="checkbox"/> <b>ZA</b> South Africa                     |
| <input checked="" type="checkbox"/> <b>GD</b> Grenada                                | <input checked="" type="checkbox"/> <b>NZ</b> New Zealand                               | <input checked="" type="checkbox"/> <b>ZM</b> Zambia                           |
| <input checked="" type="checkbox"/> <b>GE</b> Georgia                                |   | <input checked="" type="checkbox"/> <b>ZW</b> Zimbabwe                         |
| <input checked="" type="checkbox"/> <b>GH</b> Ghana                                  |   |  |
| <input checked="" type="checkbox"/> <b>GM</b> Gambia                                 |   |  |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:



**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

## Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

(i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;

(ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

(iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

(iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

(v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

(vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

## Continuation of Box No. IV

KATZ, A. Sidney	24,003
WOOD, Richard L.	22,839
SCHNAYER, Jerold B.	28,903
COHEN, Eric C.	27,429
MARCUS, Joseph R.	25,060
SCHUR, Gerald S.	22,053
SHEKLETON, Gerald T.	27,466
SCHEER, James A.	29,434
CHERRY, Daniel R.	29,054
GAMSON, Edward P.	29,381
RHEINTGEN, Kathleen A.	34,044
TOLPIN, Thomas W.	27,600
CHRISTENSEN, Jon P.	34,137
COHEN, Eric D.	38,110
KAWULA, Walter J.	39,724
WEINSTEIN, Mitchell J.	37,963
FRIEDMAN, Leonard	37,135
FELDMAN, Steven E.	40,604
SALMON, Jeffrey W.	37,435
WALSH, Louise T.	45,195
KRIKORIAN, Charles R	40,687
VARGO, Paul M.	29,116
CWIK, Joseph E.	38,421

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 13 DEC 2002	60/433,352	US		
item (2) 17 MAR 2003	10/390,487	US		
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☒ all items    ☐ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item (5)    ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/ US.....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)                      Number                      Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations


- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:	1. <input checked="" type="checkbox"/> fee calculation sheet	1
request (including declaration sheets) :	2. <input checked="" type="checkbox"/> original separate power of attorney	2
description (excluding sequence listings and/or tables related thereto) :	3. <input type="checkbox"/> original general power of attorney	
claims :	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....	
abstract :	5. <input type="checkbox"/> statement explaining lack of signature	
drawings :	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....	
Sub-total number of sheets :	7. <input type="checkbox"/> translation of international application into (language): .....	
sequence listings :	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
tables related thereto :	9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)	
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) :	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	
Total number of sheets :	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column	
(i) <input type="checkbox"/> sequence listings	10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)	
(ii) <input type="checkbox"/> tables related thereto	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)	
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Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
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(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		
Figure of the drawings which should accompany the abstract: 1	Language of filing of the international application: English	

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


  
Eric D. Cohen, Reg. No. 38,110, Agent, attorney

For receiving Office use only		2. Drawings:  <input type="checkbox"/> received:  <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections, under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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